



Request to adjust concessional contributions

WHO SHOULD COMPLETE THIS FORM?

Only members of a self-managed superannuation fund (SMSF) can complete this form for contributions they made to their SMSF.

COMPLETING THIS FORM

The instructions contain important information

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character per box.

! The instructions contain important information about completing this form. Refer to them for more information about how to complete and lodge this form.

Section A: Your details

1 Tax file number (TFN)

! You don't have to provide your TFN to us. However, if you do, it will help us identify you correctly and process your form quickly. For more information on privacy, refer to ato.gov.au/privacy

2 Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

3 Date of birth / /

4 Current postal address

Street address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

5 Daytime phone number (include area code)

Section B: Self Managed Superannuation Fund Details

The SMSF to which the concessional contributions to be adjusted were made:

6 What is your Australian business number (ABN)?

7 Fund name

Section E: Declaration

Privacy

The ATO is a government agency bound by the Privacy Act 1988 in terms of collection and handling of personal information and TFNs. For further information about privacy law notices go to ato.gov.au/privacy

Complete the declaration that applies to you. Print your full name then sign and date the declaration.

INDIVIDUAL DECLARATION

I declare that the information contained in this form is true and correct.

Name (Print in BLOCK LETTERS)

Signature

Date

Day Month Year
□□ / □□ / □□□□

AGENT OR AUTHORISED OFFICER DECLARATION

complete this declaration if you are an authorised representative of the individual shown in Section A.

I declare that:

- I have prepared the form with the information supplied by the individual
- I have received a declaration made by the individual that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the individual to give the information in this form to the Australian Taxation Office.

Signature

Date

Day Month Year
□□ / □□ / □□□□

Tax agent number (if applicable)

Name of organisation (if applicable)

PKD FINANCIAL SYNERGY PTY LTD

Agent or Authorised Officer name

Title: Mr Mrs Miss Ms Other

Family name

LOUNDER

First given name

PHILLIP

Other given names

Agent or Authorised Officer phone number (include area code)

Agent or Authorised Officer address

Street address

LEVEL 5/195 NORTH TERRACE

Suburb/town/locality

ADELAIDE

State/territory

S A
(Australia only)

Postcode

5 0 0 0
(Australia only)

Lodging your form

Post or fax your completed and signed form to:

- fax on 1300 139 024

- mail to

Australian Taxation Office
PO Box 3578
ALBURY NSW 2640

Sensitive (when completed)